

Guidelines for Local Health, Police and Fire Officials
Triage of Environmental Materials for Biologic Agent Screening
State Laboratory Institute
Updated November 16, 2001

These guidelines are for use by local Massachusetts's health, fire, and police officials to assist in the management of requests related to anthrax contamination concerns of individuals, businesses and government agencies in Massachusetts. These guidelines are based on current information available from the U.S. Centers for Disease Control and Prevention, other federal agencies, and the State Laboratory Institute. They will be reviewed and updated frequently.

Unless material is described as "Category 1" (see below), the State Laboratory Institute encourages fire departments, police departments and boards of health to have a discussion with a staff person in the Epidemiology Program (617-983-6800) prior to making a final decision in regard to the risk analysis of the event, and the decision to send specimens for analysis. The Epidemiologists are available to speak with individuals who have identified material in their home, business, school or other site that they believe is suspicious or poses a health risk, and can help resolve events that do not involve a suspicious material or a credible threat. Questions and comments related to this guideline should be made to the Director's Office of the State Laboratory Institute at 617-983-6201.

Exposure to anthrax-contaminated mail is the only clear risk factor that has been identified at this time for anthrax infections related to deliberate acts. None of the specimens submitted to SLI had any known contact with anthrax contaminated mail. Currently only approximately 50 of the more than 2,100 specimens submitted to SLI for testing had suspicious characteristics as defined by federal agencies. None of the specimens contained anthrax bacteria or any other pathogen. For environmental specimens, test reports for negative specimens are not available until 48 hours after testing is begun. Rapid test systems that are available in state public health laboratories are reliable, but are not sensitive. These tests can provide presumptive positive results, but are not sufficient alone for rule-out of the presence of anthrax. SLI discourages the submission of environmental specimens that do not have characteristics that indicates a credible potential health risk. Be advised that final negative laboratory test results to determine reopening of a facility, etc. or release of an impounded item is not available for at least 2 days. The following table describes recommendations on the management of suspected materials.

Description of Material	Testing Priority	Triage Protocol
Category 1. U.S. Mail or courier mail with a suspicious powder, a threat letter, or both.	High	Emergency transport - alert Lab by telephone, 617-522-3700 or 617-983-6200. 24/7 testing response.
Category 2. Mail (other than Category 1) with suspicious characteristics identified at a U.S. Postal facility.	High	Call for Lab assistance in triage. Regular hours: 617-983-6800. Evenings and weekends: 617-983-6200.
Category 3. Powders, particulate matter, or various liquid or solid materials on surfaces of floors, walls, furniture, clothing, appliances, or food.	Low	

(Continued)

Update: As of November 5, 2001

We do not recommend testing any materials that are not described in these 3 categories. Staff at the State Laboratory is available to discuss testing demands for situations that are not described here.

There has been no evidence found of anthrax contamination in Massachusetts. Of over 2,100 environmental samples, all have been negative. In addition, there has been no evidence of human anthrax exposure or disease. Specimens from twenty-eight persons have been screened to rule out anthrax. Exposure to anthrax-contaminated mail is the only clear risk factor that has been identified at this time for anthrax infections related to deliberate acts. As of today, there are 17 confirmed (10 inhalation, 5 cutaneous) and 5 suspect (5 cutaneous) cases of anthrax identified. There have been four deaths associated with inhalation anthrax.

The most frequent specimens submitted to SLI involve powders found on floors, desks, or on common items purchased in stores or through the mails. The U.S. Mail letters and packages that are received at SLI usually are NOT suspicious (Category 3 as noted in Table above). These items have no associated risk factors, no suspicious materials present (although they have common, recognizable powdery materials present) and no associated threats. Examples of the materials identified are flour and sugar. Sometimes the sites, e.g., schools or businesses, are evacuated or closed in response to finding these materials. **Be advised that negative reports are not available for at least 48 hours.**

Summary of Local, State, and Federal Confirmed Human Cases and Exposures as of November 2, 2001, 6:00 p.m. (CDC report)

Case Status	Florida	New York City	New Jersey	Washington, DC	Total
Confirmed	2	5	5	5	17
Cutaneous	0	4	3	0	
Inhalation	2	1	2	5	
Suspect	0	3	2	0	5
Cutaneous	0	3	2	0	
Inhalation	0	0	0	0	
Total Cases					22

There have been 4 deaths associated with inhalation anthrax.

Laboratory Testing - Environmental specimens

- All specimens that have highly suspicious material present are tested by culture. On request of a local authority, Category 3 samples are tested by culture.
- Negative results are available 48 hours after the test is begun. Specimens that are not Category 1 and 2, or are not identified as a priority following discussion between the submitter and the State Laboratory (617-983-6201).
- Positive test results are available in 12-72 hours depending on the nature of the contaminant that is detected. Reports for Category 1 and 2 are made immediately by telephone as they become available for all preliminary (presumptive) as well as final test results.

- In addition to calling appropriate medical care and public health officials for positive or high priority specimens, final test reports are telephoned and mailed to the Submitter (local responsible authority) and the Board of Health.